

## Substitute for Form PTO-875

Application or Docket Number

(Column 1) (Column 2)

\* If the difference in column 1 is less than zero, enter "0" in column 2.

2-2-06

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

TOTAL

OR

TOTAL

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

TOTAL	
ADD'L FEE	

OR

OR

'TOTAL  
ADD'L FEE

OR

- The "Highest Number Previously Paid For (Total or Independent)" Is the highest number found in the appropriate box in column 1.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*